

# WISCONSIN BIRTH CERTIFICATE APPLICATION

- Send completed form, self-addressed envelope and appropriate fee to the following address.
- Make check or money order payable to: **Register of Deeds, 515 W. Moreland Blvd, Room AC 110, Waukesha, WI 53188**  
If you have questions, please call the Register of Deeds, Vital Records at (262) 548-7588 or 548-7587

**PENALTIES:** Any person who wilfully and knowingly makes false application for a birth certificate shall be fined not more than \$10,000 or imprisoned not more than 3 years or both.

<b>BIRTH INFORMATION</b>	<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME AT BIRTH</b>	
	<b>SEX</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	<b>CITY</b>	<b>COUNTY</b>
	<b>MOTHER'S MAIDEN NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>	
	<b>FATHER'S LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>	
<b>RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>	<p><b>According to Wisconsin State Statute, a CERTIFIED copy of a BIRTH record is only available to a person with a "Direct and Tangible Interest". If you do not meet any of the criteria for boxes A – F, you can only receive an uncertified copy.</b></p> <p>Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the record:</p> <p><input type="checkbox"/> A. I <b>am</b> the PERSON NAMED on the record.</p> <p><input type="checkbox"/> B. I am the <b>parent</b> of the PERSON NAMED on the record, and my parental rights have not been terminated. (Note: In the case of a non-marital birth, the father's rights must have been established before he may obtain a copy of the record under this category.)</p> <p><input type="checkbox"/> C. I am the <b>legal custodian or guardian</b> of the PERSON NAMED on the record.</p> <p><input type="checkbox"/> D. I am a <b>member of the immediate family</b> of the PERSON NAMED on the record. (Only those listed below qualify as immediate family.) <b>CIRCLE ONE:</b></p> <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <span>Spouse</span> <span>Child</span> <span>Brother</span> <span>Sister</span> <span>Grandparent</span> </div> <p><input type="checkbox"/> E. I am a <b>representative authorized</b>, in writing, by any of the aforementioned (A through D). The written authorization must accompany this application. Specify whom you represent _____</p> <p><input type="checkbox"/> F. I can demonstrate that the information from the record is necessary for the <b>determination or protection of a personal or property right</b> for myself/my client/my agency. Specify interest _____</p> <p><input type="checkbox"/> Other: Uncertified copy only. Copy will not be valid for identification purposes.</p>					
<b>FEES</b>	<b>FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND</b>					
	<p><input type="checkbox"/> \$20.00 First copy (Fee is for a search and a first copy.) TOTAL #: _____</p> <p><input type="checkbox"/> \$ 3.00 Each additional copy of the same record, issued at the same time as the first copy.</p>					
<b>APPLICANT INFORMATION</b>	<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>					
	YOUR Name (Please Print)					
	YOUR Signature				Today's Date	
	YOUR Daytime Telephone Number ( )					
	YOUR Street Address			MAIL TO Address (if different)		
	City / State / Zip			City / State / Zip		